

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title::

Attorney Docket Number:: 1515-1029
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 2
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

AN ARRANGEMENT AT MOUNTING

MASSAGE MOTOR

1515-1029

No

No

2

No

No

No

No

No

No

No

No

No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: PERRY
Middle Name::
Family Name:: FORSBERG
Name Suffix::
City of Residence:: KOPING
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: MACKSTA 728
Address::
City of Mailing Address:: KOPING
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: 73198

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: JOAKIM
Middle Name::
Family Name:: STOOR
Name Suffix::
City of Residence:: KUNGSOR
State or Province of Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KAPTENSGATAN 10B
Address::
City of Mailing Address:: KUNGSOR

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 736 33

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE03/00053	1/15/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0200132-9	1/18/02	Yes

Assignment Information

Assignee Name:: HASTENS SANGAR AB

Street of Mailing BOX 136

Address::

City of Mailing Address:: KOPING

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-731 23